•**								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO								ORD Bri					
Effective October 1, 2003								09/149,443					
		CLAIMS A	S FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS				·····	100.			TE	FEE	OR T		,	
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		CFEE	 	\mathcal{A}	RATE	FEE	
TOTAL CHARGEABLE CLAIMS			 			*			303.00	OR	BASIC FEE	770.00	
INDEPENDENT CLAIMS			minus 20= minus 3 =		*		X\$	9=	ļ	OR	X\$18=	<u> </u>	
MULTIPLE DEPENDENT CLAIM PR			J	LL				3=	ļ	OR	X86=	·	
L		· ·					+14	5=]	OR	+290=		
*		•		ess than zero, enter "0" in column 2				AL		OR	TOTAL		
	. (CLAIMS AS / (Column 1)	AMENDE	NDED - PART II				.	ENTITY	0.0	OTHER SMALL		
Г	1 ,		(Colum]				SMALL			
AMENDMENT A	5/27/15	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
	Total	*21	Minus	* 2	//	= -	X\$:	9=		OR	X\$18=		
	Independent	* 3	Minus	***	5	= _	X43	=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
							+14	TAL		OR	+290= TOTAL		
(Column 1)							ADDIT. FEE OR ADDIT. FEE						
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									, ,			
AMENDMENT B	,	REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ÚSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***	<i>2</i>	=	X43	<u> </u>		OR	X86=		
	FIRST PRESE	NTATION OF MU	JUIPLE DEF	PENDENT	CLAIM		.145	\dashv		1 1	. 200		
							+145			OR	+290= TOTAL		
·							ADDIT. F			OR ,	DDIT. FEE		
		(Column 1) CLAIMS		(Colum HIGHE		(Column 3)							
MEN		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA	RATE		ADDI- FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .	X\$ 9:	_	1	OR	X\$18=	<u> </u>	
	Independent	*	Minus	***		=	X43=	+		h	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							╌╂╴		OR	7,00-		
* If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
** If	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE		
Ť	he "Highest Num	ber Previously Paid	For" (Total or	Independen	t) is the l	highest number	found in the	appro	opriate box	in colu	mn 1.		